

A prayer for hospice, and families

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To the editor:

I have had the privilege of working for Hospice here in Stamford for a number of years. I have been witness to numerous families of every creed, religion and color. I have felt the deep sense of gratefulness, even awe that families hold for the residence, the care and the staff. There simply is no other place like it that I know of in this entire region.

One family member said to me, "Being there has changed my life. I have felt the presence of God in that place."

Last month I sat with a local family who's loved one was dying. They had planned to transfer him to Rosenthal when his level of care increased to beyond what they could handle at home. Then they got the devastating news that Rosenthal was closing its doors.

Faced with a very difficult decision, they at last resigned to having their loved one transferred to a hospice facility north of New Haven, not ideal in any way but they felt there was no other choice. I talked with them and commiserated, remarking on how unfair the timing was for them in particular; and thinking to myself, "How many families will be left in this position in the future?"

Just before the ambulance came to transfer the patient, I stood beside him in his bed and said a prayer for peace and protection and that the journey ahead would be smooth. I said my goodbyes to the family and wished them the best of luck, feeling a knot in my stomach at the thought of leaving them at this juncture.

Two hours later I received the call: the patient died minutes after arrival, apparently the transfer was just too much. I could only imagine how this family felt, knowing that their loved one had spent the last hour of his life in an ambulance, and likely feeling a loss of control on all fronts.

My prayers go out to them now.

My prayers also focus on the future, on all the families that will have to face this decision on the road ahead. I pray that our churches, leaders, officials and public will see how vital a hospice residence is. I pray that this will be a call to action and that we will summon the nerve, the energy and resources to do what we did to build this country: come together with our neighbors for a common purpose and achieve our goals through our own blood, sweat and tears.

Our forefathers and mothers knew this intrinsically. No one sat around waiting for some government or state entity to intervene and make the improvements that were needed.

The Rev. Katherine Silvan

AROLYN COUTANT

State falling behind on hospice care

The announcement that Visiting Nurse and Hospice Care of southwestern Connecticut is closing the Richard L. Rosenthal Hospice Residence is due in part to the lack of specific hospice facility regulations in the state.

The recent disagreement over proposed changes in Connecticut's Hospice regulations has marked an intense debate, and one that is long overdue. Connecticut is considered the birthplace of the American Hospice movement; however the state has fallen far behind others in embracing the concept of residential hospices. Connecticut hospice established a solid foundation for end-of-life-care and is a wonderful institution; however, it is just that — an institution. The regulations that

Connecticut Hospice falls under are specific to their own hospice and were established more than 30 years ago.

The amendments for Hospice Facility Regulation that the Connecticut Association for Homecare and Hospice has suggested to the Department of Public Health are not only appropriate, but needed. Stamford was a trailblazer more than 10 years ago when the community came together to open the Richard L. Rosenthal Hospice Residence, but had to undergo the expensive and time-consuming exercise of becoming a skilled-nursing facility due to the state's lack of specific regulations. Connecticut is not the first state to experience the uniqueness of hospice residence regulations. Virginia

has recently enacted licensure regulations for dedicated hospice residences — homes where the patients and their families can find dignity, support, and comprehensive physical, emotional and spiritual care.

Connecticut Hospice believes in-patient facilities must have an in-house pharmacy, a physician on site, and a higher ratio of doctors and nurses to patients — a medical and long-term care model that survey after survey has told us is not what Americans want at the end of life. Furthermore, hospice is a program of care and depends on a team approach with the patient and family at the center of the care. Connecticut Hospice's assertion that these new laws would somehow inhibit hospice work-

ers from providing exceptional levels is retorted every day in hospices across the country where residential hospices are operational.

The time has come to fulfill the mission of the original hospice pioneers and return to the model of care that supports patient and family preferences to remain home while seriously ill, surrounded by family and friends. It is time to return the dying to our communities and not place them in institutional settings like nursing homes, hospitals, and even Connecticut Hospice's facility in Branford. It is a shame that Connecticut

Hospice, the organization that helped promote the Hospice philosophy in the United States, does not support the proposed legislation. The vision of our hospice founders was to offer the community a safe, dignified and comfortable death at home or home-like setting, support for the family, and effective grieving. The last thing they wanted was more fragmented medically driven care that never addressed the patient's and family's goals of care and preferences for a peaceful death at home.

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Carolyn Coutant is a Stamford resident.